

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Collin Wong-Martinusen			SSN or EMPLOYEE NUMBER* XXX-XX-XXXX			DEPARTMENT EO		
POSITION Chief of Staff		CB/ID No. R01	DIVISION or BUREAU EO				INDEX NUMBER	
RESIDENCE ADDRESS * 1924 4th Avenue			HEADQUARTERS ADDRESS Sacramento				TELEPHONE NUMBER (916) 327-1361	
CITY Sacramento	STATE CA	ZIP CODE 95818	CITY		STATE		ZIP CODE	

(1) NORMAL WORK HOURS

0800 - 1700

(2) PRIVATE VEHICLE LICENSE NUMBER

4TND504

(3) MILEAGE RATE CLAIMED

0.500

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
27	0615	Sacramento to Los Angeles					157.70		17.00	26.00	13.00		187.70	
27	0911	Enterprise Car Rental					52.80				0.00		52.80	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	210.50		17.00	26.00	13.00	0.00	240.50
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$240.50

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

10-26-10 FWD TO MARYBETH. POK